Division of Health Care Facilities STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: 03 - ST. MARY TN7904 B. WING 02/18/2020 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 2805 CHARLES BRYAN RD **AVE MARIA HOME** BARTLETT, TN 38134 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID (X5) COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE PREFIX PREFIX REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE DATE TAG TAG DEFICIENCY) N 000 Initial Comments N 000 A Life Safety Code Survey was conducted by the State of Tennessee Department of Health Division of Health Licensure and Regulations Office of Health Care Facilities on 02/18/2020. During this Life Safety Survey, Ave Maria Greenhouse #1 St. Mary was found in substantial compliance with the requirements of the Tennessee Rules and Regulations 1200-08-06, Standards for Nursing Homes, and National Fire Protection Association (NFPA) 101 Life Safety (2012 Edition). The requirements at 1200-080-06, Standards for Nursing Homes is MET as evidenced by:

Division of Health Care Facilities

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE C A. BUILDING: 04		(X3) DATE SURVEY COMPLETED		
		TN7904	B. WING		02	/18/2020
NAME OF P	ROVIDER OR SUPPLIER	2805 CH	DDRESS, CITY, STATE ARLES BRYAN RC TT, TN 38134			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF COI (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	SHOULD BE	(X5) COMPLETE DATE
N 000	State of Tennessee D Division of Health Lic Office of Health Care During this Life Safet Greenhouse #2 St. Jo substantial compliand the Tennessee Rules 1200-08-06, Standard National Fire Protection Life Safety (2012 Edit	ensure and Regulations Facilities on 02/18/2020. y Survey, Ave Maria pseph was found in the with the requirements of and Regulations ds for Nursing Homes, and on Association (NFPA) 101 tion).	N 000			

STATE FORM

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

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(X6) DATE

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE C		(X3) DATE SURVEY COMPLETED	
		TN7904	B. WING		02/18/2020	
NAME OF PE	ROVIDER OR SUPPLIER	2805 CH	DDRESS, CITY, STATE ARLES BRYAN RD TT, TN 38134			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP DEFICIENCY)	D BE COMPLETI	
	State of Tennessee D Division of Health Lic Office of Health Care During this Life Safety Greenhouse #3 St. A compliance with the ratenessee Rules and Standards for Nursing Protection Association (2012 Edition).	ensure and Regulations Facilities on 02/18/2020. y Survey, Ave Maria nne was found in substantial equirements of the I Regulations 1200-08-06, y Homes, and National Fire n (NFPA) 101 Life Safety	N 000			

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(X6) DATE

NAME OF PROVIDER OR SUPPLIER AVE MARIA HOME SITERET ADDRESS, CITY, STATE, 2IP CODE 2805 CHARLES BRYAN RD BARTILETT, TN 38114 [XAJ 10] PREFEX CHARLES CHARLES BRYAN RD BARTILETT, TN 38114 IN 1000 Initial Comments A Life Safety Code Survey was conducted by the State of Tennessee Ruse and Regulations Office of Health Lacensure and Regulations Office of Health Lacensure, Ave Maria Greenhouse #4 St. Francis was found in substantial compliance with the requirements of the Tennessee Ruse and Regulations 1200-08-06, Standards for Nursing Homes, and National Fire Protection Association (NFPA) 101 Life Safety (2012 Edition). The requirements at 1200-080-06, Standards for Nursing Homes is MET as evidenced by:	STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:			(X2) MULTIPLE CONSTRUCTION A. BUILDING: 06 - ST. FRANCIS		(X3) DATE SURVEY COMPLETED	
NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 2805 CHARLES BRYAN RD BARTLETT, TN 38134 (X4) ID PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) N 000 Initial Comments A Life Safety Code Survey was conducted by the State of Tennessee Department of Health Division of Health Licensure and Regulations Office of Health Care Facilities on 02/18/2020. During this Life Safety Survey, Ave Maria Greenhouse #4 St. Francis was found in substantial compliance with the requirements of the Tennessee Rules and Regulations 1200-08-06, Standards for Nursing Homes, and National Fire Protection Association (NFPA) 101 Life Safety (2012 Edition). The requirements at 1200-080-06, Standards for			D. MARNO				
AVE MARIA HOME 2805 CHARLES BRYAN RD BARTLETT, TN 38134 (X4) ID PREFIX TAG SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL TAG REGULATORY OR LSC IDENTIFYING INFORMATION) N 000 Initial Comments N 000 A Life Safety Code Survey was conducted by the State of Tennessee Department of Health Division of Health Licensure and Regulations Office of Health Care Facilities on 02/18/2020. During this Life Safety Survey, Ave Maria Greenhouse #4 St. Francis was found in substantial compliance with the requirements of the Tennessee Rules and Regulations 1200-08-06, Standards for Nursing Homes, and National Fire Protection Association (NFPA) 101 Life Safety (2012 Edition). The requirements at 1200-080-06, Standards for	TN7904		B. WING		02/18/2020		
SUMMARY STATEMENT OF DEFICIENCIES (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) DEFICIENCY	NAME OF P	ROVIDER OR SUPPLIER			•		
PREFIX TAG (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) N 000 Initial Comments A Life Safety Code Survey was conducted by the State of Tennessee Department of Health Division of Health Licensure and Regulations Office of Health Care Facilities on 02/18/2020. During this Life Safety Survey, Ave Maria Greenhouse #4 St. Francis was found in substantial compliance with the requirements of the Tennessee Rules and Regulations 1200-08-06, Standards for Nursing Homes, and National Fire Protection Association (NFPA) 101 Life Safety (2012 Edition). The requirements at 1200-080-06, Standards for	AVE MAR	IA HOME					
A Life Safety Code Survey was conducted by the State of Tennessee Department of Health Division of Health Licensure and Regulations Office of Health Care Facilities on 02/18/2020. During this Life Safety Survey, Ave Maria Greenhouse #4 St. Francis was found in substantial compliance with the requirements of the Tennessee Rules and Regulations 1200-08-06, Standards for Nursing Homes, and National Fire Protection Association (NFPA) 101 Life Safety (2012 Edition). The requirements at 1200-080-06, Standards for	PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL		Y MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPR	BE COMPLETE	
	N 000	A Life Safety Code Su State of Tennessee D Division of Health Lice Office of Health Care During this Life Safety Greenhouse #4 St. Fr substantial compliance the Tennessee Rules 1200-08-06, Standard National Fire Protection Life Safety (2012 Edital	epartment of Health ensure and Regulations Facilities on 02/18/2020. If Survey, Ave Maria ancis was found in the with the requirements of and Regulations tes for Nursing Homes, and on Association (NFPA) 101 tion).	N 000			

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(X6) DATE

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: TN7904				(X2) MULTIPLE CONSTRUCTION A. BUILDING: 07 - ST. ANTHONY #5		
		B. WING	B. WING			
NAME OF P	ROVIDER OR SUPPLIER		DDRESS, CITY, STATE			
AVE MARI	A HOME		ARLES BRYAN RD TT, TN 38134			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF C (EACH CORRECTIVE ACTIC CROSS-REFERENCED TO TH DEFICIENCY	ON SHOULD BE HE APPROPRIATE	(X5) COMPLETE DATE
	Initial Comments A Life Safety Code Si State of Tennessee D Division of Health Lic Office of Health Care During this Life Safet Greenhouse #5 St. A substantial compliand the Tennessee Rules 1200-08-06, Standard National Fire Protecti Life Safety (2012 Edit	urvey was conducted by the Department of Health ensure and Regulations Facilities on 02/18/2020. A survey, Ave Maria enthony was found in the with the requirements of and Regulations des for Nursing Homes, and on Association (NFPA) 101 tion).	N 000			DATE
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Division of Health Care Facilities

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TITLE

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE C		(X3) DATE SURVEY COMPLETED	
, , , , , , , , , , , , , , , , , , ,	A. BUILDING: 02 - MAIN BUILDING		COMIT	LLILD	
	TN7904	B. WING		02/	18/2020
NAME OF PROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STATE	, ZIP CODE		
AVE MARIA HOME		ARLES BRYAN RD TT, TN 38134			
PREFIX (EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTIO CROSS-REFERENCED TO THI DEFICIENCY)	ON SHOULD BE E APPROPRIATE	(X5) COMPLETE DATE
State of Tennessee D Division of Health Lic Office of Health Care During this Life Safety Greenhouse #7 St. To substantial compliand the Tennessee Rules 1200-08-06, Standard National Fire Protection Life Safety (2012 Edit	ensure and Regulations Facilities on 02/18/2020. y Survey, Ave Maria eresa was found in ee with the requirements of and Regulations ds for Nursing Homes, and on Association (NFPA) 101 cion).	N 000			

Division of Health Care Facilities

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TITLE

(X6) DATE

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CO A. BUILDING: 08 -	(X3) DATE SURVEY COMPLETED	
	TN7904	B. WING		02/18/2020
NAME OF PROVIDER OR SUPPLIER	STREET ADD	RÉSS, CITY, STATE	, ZIP CODE	
AVE MARIA HOME		RLES BRYAN RD r, TN 38134		
(X4) ID SUMMARY STATEMENT OF DEFICIENCIES PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL TAG REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE COMPLETE
State of Tennessee D Division of Health Lice Office of Health Care During this Life Safety Greenhouse #6 St. Ja substantial compliano the Tennessee Rules 1200-08-06, Standard National Fire Protectio Life Safety (2012 Edit	ensure and Regulations Facilities on 02/18/2020. Survey, Ave Maria mes was found in e with the requirements of and Regulations s for Nursing Homes, and on Association (NFPA) 101 ion).	N 000		
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Division of Health Care Facilities

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		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 10 - FATIMA #8 2767	
		TN7904	B. WING		02/18/2020
NAME OF PR	ROVIDER OR SUPPLIER		DDRESS, CITY, STATE		
AVE MARI	A HOME		ARLES BRYAN RD TT, TN 38134	1	
(X4) ID PREFIX TAG	(EACH DEFICIENCY	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPR DEFICIENCY)	JLD BE COMPLETE
	State of Tennessee D Division of Health Lice Office of Health Care During this Life Safety Greenhouse #8 Fatim compliance with the re Tennessee Rules and Standards for Nursing Protection Association (2012 Edition).	ensure and Regulations Facilities on 02/18/2020. Y Survey, Ave Maria a was found in substantial equirements of the Regulations 1200-08-06, Homes, and National Fire n (NFPA) 101 Life Safety	N 000		
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(X6) DATE

PRINTED: 10/02/2021 FORM APPROVED Division of Health Care Facilities STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: 09 - ST. TERESA #7 2834 TN7904 02/18/2020 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 2805 CHARLES BRYAN RD **AVE MARIA HOME** BARTLETT, TN 38134 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE COMPLETE **PREFIX** PREFIX REGULATORY OR LSC IDENTIFYING INFORMATION) DATE CROSS-REFERENCED TO THE APPROPRIATE TAG TAG DEFICIENCY) N 000 Initial Comments N 000 A Life Safety Code Survey was conducted by the State of Tennessee Department of Health Division of Health Licensure and Regulations Office of Health Care Facilities on 02/18/2020. During this Life Safety Survey, Ave Maria Greenhouse #9 Lourdes was found in substantial compliance with the requirements of the Tennessee Rules and Regulations 1200-08-06, Standards for Nursing Homes, and National Fire Protection Association (NFPA) 101 Life Safety (2012 Edition). The requirements at 1200-080-06, Standards for Nursing Homes is MET as evidenced by:

Division of Health Care Facilities

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE